

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000115333**

1. Corporation Name

TIM JEWELS SILVER CORP.

2. Principal Office Address

8540 NW 6 Lane

Suite, Apt. #, etc.

Apt 102

City & State

Miami - Florida

Zip

33126

Country

3. Mailing Office Address

8540 NW 6 Lane

Suite, Apt. #, etc.

102

City & State

Miami - Florida

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

November 26-01

5. FEI Number

65-1157945

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose D Basilio

Street Address (P.O. Box Number is Not Acceptable)

250 NW 107 Avenue

Suite, Apt. #, Etc.

108

City

Miami

State

FL

Zip Code

33172

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jose D. Basilio

REGISTERED AGENT MUST SIGN

Date

1-08-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mónica Gonzalez	8540 NW 6 Lane Apt 102	Miami - FL - 33126

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-03

Date

305-2645413

Daytime Phone #